(X3) DATE SURVEY

Kansas Department on Aging

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
N046079		B. WING	C 11/23/2016				
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK STREET ADDRES 12000 LAMAR			, ,	RESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE		
S 000	INITIAL COMMENTS		S 000				
	The following citations complaint investigation	s represent the findings of n #107942.					
S3110 SS=D	26-41-203 (a) Range	of Services	S3110				
	operator of each assis residential health care provision or coordinate specified in each resident agreement. The range the following: (1) Daily meal service needs; (2) health care service by a licensed nurse a K.A.R. 26-41-204; (3) housekeeping service health, comfort, and service in the service of the	e facility shall ensure the ion of the range of services dent 's negotiated service e of services may include based on each resident's es based on an assessment and in accordance with vices essential for the afety of each resident; and social transportation; d individual activities that interests of each resident; essary to support the health					
	This REQUIREMENT by: KAR 3110-26-41-203	is not met as evidenced (a) (6)					
	located in the secured impaired and mobile. residents at risk for war Based on interviews, review the facility failed supervision for 1 of 3	a census of 32 residents I unit that were cognitively The sample included 3 andering and elopement. observation and record de to provide adequate (#1) cognitively impaired obile resident who had a					

(X2) MULTIPLE CONSTRUCTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		N046079	B. WING		C 11/23/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
S3110	history of wandering of facility in front of a visopen by a facility house He/she was wearing a was not functioning. immediately by a staff returned to the build were findings included: The physician's Order resident #1 listed the Alzheimer's type dem deterioration character memory failure), glau conditions that damage vital to good vision). The Functional Capace 09/14/2016 identified with ambulation, no mand Cognition/memory rememory intact, impair decision making skills communication expreunderstandable, and others. The Negotiated Service 09/14/2016 identified impairments and does everyday structure in task. He/she staff to and events. Review of the clinical bracelet was order for on 12/10/2015.	daily. Resident #1 exited the itor as the door was held sekeeping staff member. a code alert bracelet that The resident was seen f person on break and was within 2 minutes of leaving. The Sheet date 11/03/2016 for following diagnoses entia (progressive mental erized by confusion and acoma group of eye ge the optic nerve, which is city Screening Tool dated resident #1 as independent hobility devices used. Call score =1 long term red short term memory, a, memory recall, sses information not zero ability to understand Ce Agreement dated he/she had memory is require assistance with order to complete her daily provide cues for activities	S3110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
N046079		B. WING	C 11/23/2016			
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
BROOKD	ALE OVERLAND PARK	12000 LA				
	CLIMMADY CT		ND PARK, KS 66		ODDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETED DATE	
S3110	Continued From page	2	S3110			
	alarm was functioning	uilding, documented the gon the following dates: 7/10/2016, 8/10/2016, /2016.				
	staff reported to the n outside on the sidewa to the unit. A head-to and no injuries noted.	ed 11/07/2016 at 1:10 P.M. urse that the resident was alk walking and was returned -toe assessment completed The resident's roam alert afective and a new one was				
	placed and tested for					
	documented the residence elopement risk, residence secured community, residence elopement risk,	ed 11/08/2016 at 11:00 A.M. lent on follow up for ent is up and about the oam alert bracelet working is being closely monitored				
	incident, revealed the into the unit, there wa a television out the do the housekeeper thou	7 A.M. interview with stated the video of the housekeeper was coming s a family member, carrying for. Resident #1 was there, ight they were together, held xit, that is how the resident				
	P.M. revealed the hou and held the door for TV. At 1:10 P.M. resi with the visitor who w P.M. the family membresident was outside. exited the building. A returned back to comresident was dressed	leo for 11/07/2016 at 1:10 usekeeper open the door family that was carrying a dent #1 exited out the door as carrying TV. At 1:10 per alerted the nurse the At 1:11 PM the nurse tt 1:12 P.M. the resident munity with the nurse. The in black and white long hite shirt underneath, black				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					l c	
		N046079	B. WING		11/23/2016	
			ı		11/20/2010	
NAME OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA	TE, ZIP CODE		
BROOKD	ALE OVERLAND PARK	12000 LAN				
			D PARK, KS 6			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	Έ
S3110	Continued From page		S3110			
		shoes. The resident was				
	•	1 minute. Staff assisted the building within 2 minutes.				
	resident back into the	building within 2 minutes.				
	On 11/10/16 at 12:07	P.M. housekeeping staff X				
		he/she came to the unit to				
		he resident was at the door				
	a family member cam	ne behind him/her carrying a				
		ot realize that he/she was a				
		nt's code alert alarm did not				
	•	g staff X held the door open				
		ought they were together. she was provided training				
	about what he/she sh					
	about what he/she sh	iodia do in the latare.				
	On 1/10/2016 at 12:13	3 P.M. dining services staff				
		016 he/she was outside				
	smoking on break wh	en resident #1 and the				
		together. The resident				
		k, the visitor look at me and				
		cility. Two nursing staff came				
		and returned him/her to the he/she knew the resident				
	should not be out the					
	Should not be out the	ie dione.				
	On 11/10/2016 at 2:09	9 P.M. licensed staff H				
	stated the monitoring	function of the roam alert				
	bracelet was complete	ed on a monthly basis				
	On 11/10/2016 at 2:2	7 P.M. maintenance director				
		eived foundation training				
		ement is covered at that				
		dic in-services that cover				
		ad another in-service for all				
		yone working in the area are				
	trained. In this secure	ed area of the building all				
		red an elopement risk.				
		door alarms are checked to				
	assure the alarms are	e working on a weekly basis.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		N046079	B. WING		C 11/23/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE	
BROOKD	ALE OVERLAND PARK	12000 LA OVERLAI	MAR ND PARK, KS 66	6209	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S3110	On 11/10/2016 at 2:39 that he/she was the n resident #1 was found A nurse was notified to couple of minutes late the family member our resident back to the cowas out on break and resident was, so the was found to be defective, and tested for accurate The Policy provided by Alarm and Wandergus Dementia Care. Revi Alzheimer's/Dementia alarmed exterior door egress feature. These alert associates to resident if a resident was resident if a resident was resident if a resident was resident and independented the facility unaffective.	P.M. licensed staff I stated urse that was notified that I outside on the sidewalk. By the family member a er after she followed behind tiside. Staff returned the community. Dietary staff HH he/she knew who the was never out of sight of the arm alarm bracelet was and a new one was placed by. The facility titled: Exit and System-Alzheimer's sed 10/2015 noted the care communities had a sand doors with a delayed a systems are designed to spond to and assist a wander from the community.	S3110		